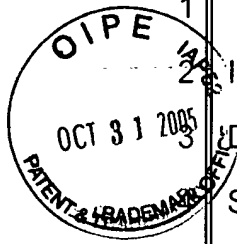


IFW



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of
DAVID ROBERT KALB, ET AL.

Serial No. 10/657,459

Filed: September 8, 2003

For: MULTI-LAYERED, QUICK
CHANGE SIGNAGE SYSTEM

Art Unit: 1774

Examiner: Ferguson, Lawrence D.

October 28, 2005

FACSIMILE TRANSMISSION 1-571-273-8300
Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NOTICE OF CHANGE OF CORRESPONDENCE ADDRESS

Sir:

Please file the enclosed "Change of Correspondence Address" in the above-identified patent application. The undersigned requests that a copy of the Office action mailed September 20, 2005 be mailed to the new address shown below and on the attached "Notice."

We have not received the Office action as of the above date.

Respectfully submitted,

By Bruce H. Johnsonbaugh
Bruce H. Johnsonbaugh
Reg. No. 24,982
Attorney for Applicants

ECKHOFF & HOPPE
101 Montgomery Street, Suite 2800
San Francisco, CA 94104
Telephone: 415-391-7160
Facsimile: 415-391-7161
9352.change

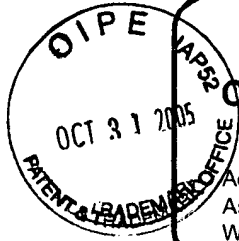
Please type a plus sign (+) inside this box ☐

PTO/SB/122 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



CHANGE OF CORRESPONDENCE ADDRESS Application

Address to:

Assistant Commissioner for Patents
Washington, D.C. 20231

| | |
|------------------------|----------------|
| Application Number | 10/657,459 |
| Filing Date | 09-08-2003 |
| First Named Inventor | David R. Kalb |
| Group Art Unit | 1774 |
| Examiner Name | Ferguson, L.W. |
| Attorney Docket Number | 9352-1 |

Please change the Correspondence Address for the above-identified application to:

☐

Customer Number

Type Customer Number here

Place Customer
Number Bar Code
Label here

OR

| | | | | | |
|--|-----------------------------------|-------|--------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Bruce H. Johnsonbaugh | | | | |
| Address | Eckhoff & Hoppe | | | | |
| Address | 101 Montgomery Street, Suite 2800 | | | | |
| City | San Francisco | State | CA | ZIP | 94104 |
| Country | USA | | | | |
| Telephone | 415-391-7160 | Fax | 415-391-7161 | | |

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

- ☐ Applicant/Inventor.
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or Agent of record.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed
Name

Bruce H. Johnsonbaugh

Signature

Date

October 28, 2005

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.